RI Department of Administration Office of Training and Development 1 Capitol Hill Providence, RI 02908

Phone: 222-2178 Fax: 222-6378

Management Development Institute Waivers

Name		Job Title		
Dept		Dept. Address		
Bus. Phone		_Fax	Date	
I am requesting th	nat	e Name and Number/Program		
	Course	e Name and Number/Program		******
School/Sponso	r		Completion Date	_warve
Principles of Man Supervisory/Mana	C	e Course our MDI training program		
		ogram description if not a Rh		
Is approved		You are welcome to attemption which this waiver applied information.	end MDI courses for	
Is not approved				
Comments:				
OTD Staff Signature			 Date	